Backgrounder for Community Members and Policy Makers Advocating an End to the OHIP 3-month Wait Period for Recent Landed Immigrants in Ontario

Prepared by the **Right to Healthcare Coalition**
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"If you are neutral in situations of injustice, you have chosen the side of the oppressor"

Bishop Desmond Tutu, Nobel Prize for Peace 1984

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The Ontario government currently imposes a 3-month wait on permanent, landed immigrants before they can access health care coverage through OHIP.

The Right to Healthcare Coalition calls on the Government of Ontario to immediately eliminate this discriminatory, counter-productive 3-month wait period for landed immigrants.

Right to Healthcare Coalition Members

1. Access Alliance Multicultural Community Health Centre
2. Association of Ontario Health Centres (AOHC)
3. Black Creek Community Health Centre
4. Children's Aid Society of Toronto
5. Community Legal Education Ontario
6. Davenport Perth Neighbourhood Centre (CHC)
7. Dixie Bloor Neighbourhood Centre
8. East End Community Health Centre
9. Hospital for Sick Children
10. Jessie's Centre for Teenagers
11. Karuna Community Services
12. Kensington Midwives
13. Mitz Sadiq Associates
14. Multicultural Inter Agency Group of Peel (MIAG)
15. Ontario Council of Agencies Serving Immigrants (OCASI)
16. Parkdale Community Legal Services
17. Parkdale Community Health Centre
18. Queen West Community Health Centre
19. Scarborough Civic Action Network
20. Scarborough Hospital
21. Street Health
22. Toronto Public Health
23. Toronto Chinese Health Education Committee
24. Riverdale Immigrant Women's Centre Working Committee on Diversity Health.
25. York Community Services
26. Regent Park Community Health Centre
27. Rexdale Community Health Centre
28. Tamil Service Providers Coalition
29. The Tamil Elam Society of Canada
30. Toronto Children's Aid Society
31. Toronto Chinese Health Education Committee
32. Toronto Western Hospital
33. West Hill Community Services (CHC)
34. Women's Health in Women's Hands Community Health Centre
35. YMCA of Windsor Essex

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FACTS ABOUT THE 3-MONTH OHIP WAIT PERIOD

1. Ontario is one of 4 provinces and territories that applies a 3-month waiting period for new landed immigrants. The others are British Columbia, New Brunswick and Quebec.

2. 55% of all immigrants to Canada from 1991-2006 settled in Ontario. Numbers for the past five years are: 2002: 133,592; 2003: 119,723; 2004: 125,092; 2005: 140,524; 2006: 125,914.

3. The increase in poverty among immigrants, especially those from racialized communities, is well documented in Statistics Canada research and by others. Many immigrants cannot afford to purchase private health insurance in the 3-month exclusion period, and have little or no recourse if they face illness or injury within the first 3 months of arrival in Ontario.

4. According to *Dynamics of Immigrants' Health in Canada: Evidence from the National Population Health Survey,* immigrants generally arrive with better health than the Canadian-born population. However, as time passes, this "healthy immigrant effect" tends to diminish.

5. While some health issues are age-related, other health problems are due to the stress of settlement and integration. More and more frequently, this includes a lack of suitable employment, increased poverty, disillusionment and desperation, adverse mental health effects, separation from family, and an inability to pay for health coverage not available through the public health system. Immigrant women and children are particularly affected.

6. Community Health Centres receive some funding from the Ontario government to provide care to non-insured patients, but are overwhelmed with demand and typically unable to open services to those in need.

7. One-third of patients at the Scarborough Hospital Uninsured Clinic were seeking care during the three month wait for OHIP.

8. The Ontario Health Quality Council 2007 Report notes recent immigrants are nearly two-and-a half times more likely to report difficulty accessing urgent care for minor problems;

9. Refugee Claimants and Convention Refugees are provided first day coverage upon arrival under the Interim Federal Health Program. Seasonal Agricultural Workers in Ontario are also provided first day coverage under a Federal-Provincial agreement.

10. The Government of Quebec estimates that the 3-month wait saves Quebec $1 - 2 million per year (*Canadian Women's Health Network Magazine*, Winter 2006/2007 vol. 9 number 1/2: www.cwhn.ca/network-reseau/9-12/9-12pg5.html). In 2006, Ontario accepted 2.82 times more landed immigrants than Quebec (CIC Facts and Figures 2006). Therefore, the saving to the Ontario Government is approximately $2.82 - $5.64 million. This represents less than 0.01% of the Ontario Government health budget of 37 billion.

11. Assuming landed immigrants experience hospitalization rates, following their 3-month wait, that mirror Ontario's average rate and length of stay, the cost to Ontario is over $81 million per year. By contrast, Ontario saves no more than $5.64 million per year by denying landed immigrants OHIP coverage and routine, preventative care during their first 3 months in the province.

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HOW DOES THE 3-MONTH WAIT PERIOD AFFECT NEWCOMER FAMILIES?

…but please don't get sick.

Employment, job security and working conditions as well as income inequality, social inclusion and exclusion, food security, housing and education are factors that have long been accepted as the social determinants of health (D. Raphael Ed. *Social Determinants of Health: Canadian Perspectives,* Canadian Scholars Press, 2004; Determinants of Health – Health Canada).

Meanwhile, access to basic healthcare in Ontario remains a challenge for most low-income newcomer families. Immigrant and refugee service providers are concerned about the OHIP 3-month waiting period that newcomers face The lack of coverage during the initial 3-month period has created a barrier for parents who have to obtain mandatory Ontario health tests for their children in order to register them in school.

The following are just a few stories from Community Health Centres and hospitals. A number of CHCs and hospitals in Ontario are able to provide care for some landed immigrants during the 3-month wait period. These limited services, however, only scratch the surface of needs.

Is this the Ontario that we know and love? Is this how we want to welcome the newest members of our society?

True Story #1

38 year old Korean landed immigrant woman in Ottawa had been in country for one month, with husband and daughter. Experienced severe abdominal pain and presented to emergency room. Was diagnosed with appendicitis and admitted for emergency appendectomy. Surgery was successful but recovery slow, and patient demonstrated signs of severe anxiety and stress. Hospital bills were presented to woman while in recovery bed.

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True Story #2

Newly landed pregnant woman came to clinic, referred to midwives. Delivered baby girl 11 days before OHIP effective. Complications arose, needed emergency caesarian section. Had many financial concerns, ended up discharging herself after 1 day against medical advice, due to costs that her family would have to bear to stay in hospital. Midwife visited her in her home and discovered 1 bag of onions in the cupboard as only food to feed mother, father, 8 year old child and newborn. Family had come to Canada from India and had paid most of their savings to a Canadian agent who promised to get the husband a good job in Canada. Family very depressed and stressed with limited supports and finances. Community was rallied to help support and provide food and other items for this family. Husband very proud, humiliated and very reluctant to accept help. They are thinking about returning to India – "Canada is too hard."

True Story #3

New landed immigrant, 63 year old woman from Phillipines had been diagnosed with having a breast lump 2 weeks before landing in Toronto. After a complete assessment at the Uninsured Clinic breast cancer was once again confirmed. This client needed to wait 3 months before OHIP was effective, however immediate treatment (radiation/ chemotherapy) could have prevented the spread of this fast-growing cancer as well as the need for the client to have a more invasive and costlier radical mastectomy. No oncology clinic in the City of Toronto or Durham Region would provide oncology care before her OHIP was effective. Chemo/radiation was too costly for the client and her family to afford. All efforts to get oncology care for this new immigrant during the 3-month wait were fruitless and, in the end, she ended up having a radical mastectomy one day after her OHIP coverage became effective due to the progression of the cancer.

True Story #4

A 5 year old girl, whose parents and 4 siblings had just moved to Toronto was brought to the clinic by her father. Originally from the Congo, the family had immigrated to Quebec and felt quite at home there (family speaks fluent French). Unfortunately due to poor job opportunities the family moved to Toronto. The family had fled their village in the Congo due to an ongoing Civil war and were living in a refugee camp. At one year old the girl had been raped by an HIV infected man who believed that if he had intercourse with a young child he would be able to get rid of the HIV virus. Upon arrival at the clinic, the girl had a Quebec health card but had been denied health care at local health clinic due to the work involved in receiving payment via the Quebec health system. The Clinic was able to successfully broker care for the girl at the Hospital for Sick Children.

THE COSTS OF INACTION

Cost Number 1: Jeopardizing Ontario's potential.

"In every walk of life, new Canadians are making tremendous contributions to our economy, and our society. And when newcomers to our province succeed, Ontario succeeds…So, our government will work with you and your family to help you settle here, and succeed here. We will see that your children have the best start in excellent schools. We will see that your family has access to high-quality health care services. And we will work with the Government of Canada to provide a range of settlement and language programs to help you settle quickly and find work."

Ontario Premier Dalton McGuinty – www.ontarioimmigration.ca

Premier McGuinty states that when newcomers to Ontario succeed, Ontario succeeds. We agree!

So, what does it mean for Ontario when newcomers are prevented from succeeding due to a policy that restricts access to urgent and preventative care?

How does Ontario benefit when recent landed immigrants are taken out of the workforce by illnesses and traumas that could have been avoided through access to routine and preventative care from the date of their first arrival?

How are recent landed immigrants expected to thrive when they are coping with the mid and long-term effects of invasive surgical procedures and rehabilitation that could have been prevented through routine and preventative care?

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Cost Number 2: Many new Ontarians are "tripped at the starting line" in Canada due to major financial debt that they incur to pay for care during the 3-month waiting period.

> Feb.2, 2005, WASHINGTON D.C. (Reuters) - Half of all U.S. bankruptcies are caused by soaring medical bills and most people sent into debt by illness are middle-class workers with health insurance, researchers said on Wednesday. The study, published in the journal Health Affairs, estimated that medical bankruptcies affect about 2 million Americans every year, if both debtors and their dependents, including about 700,000 children, are counted.

So what does this have to do with Ontario?

Many Ontarians would be shocked to learn that some recent immigrants in Ontario face similar debt and devastation due to out-of-pocket payments for care during the OHIP 3-month wait period. Here are just a couple of examples:

True Story #1

46 year old female from Tsunami affected region (Sri Lanka), landed immigrant awaiting OHIP, came to clinic with heavy uterine bleeding, diabetes. Sent for bloodwork – dangerously low hemoglobin discovered. Called back for urgent visit to clinic, and taken to Emergency at the local hospital (patient reluctant due to costs). Had to be admitted immediately – kidney failure discovered. Now patient is on dialysis, condition is poor and has no money to cover medical/hospital expenses. **Hospital assessed $26,000 bill for care and treatment**. Patient has no family in Canada to help with bills, and is staying with friends. Appealing to Red Cross for international development assistance under a Tsunami survivors program so that she can pay for care in Canada.

True Story #2

10 year old girl developed chicken pox two weeks after arriving from Philippines. She and sister sponsored by mother, who had been working in Canada for 2 years. Not covered for OHIP due to 3-month wait period. Doctor at walk-in clinic recommended oatmeal bath and Aveeno lotion. Pain persisted and girl taken to emergency room. Tylenol and codeine prescribed by ER physician; girl and family sent home. Persistent pain caused return to emergency six days later. Girl admitted for observation. Less than 24 hours later, girl's lungs collapsed due to chicken pox virus. Girl sedated for eight days, to ease pressure on lungs, and suffered stroke. Admitted to intensive care for ten days and then to constant care unit. Condition stabilized but entire right side disabled, including use of dominant right hand. Admitted to children's rehab hospital. Mother, who had polio and walks with a cane, visited daughter every day for two months—three hour commute each way from home. Girl discharged from hospital three months later with acquired brain injuries and constant weakness in right side, but significantly rehabilitated. **Mother issued hospital bills totalling $90,500.**

Cost Number 3: This policy actually costs Ontario taxpayers and the system MORE.

According to Citizenship and Immigration Canada, the numbers of permanent immigrants to Canada settling in Ontario over the past five years are as follows:

YEAR	CANADA TOTAL	SETTLED IN ONTARIO	
2006	251,649	125,914	(50%)
2005	262,239	140,524	(54%)
2004	235,824	125,092	(53%)
2003	221,351	119,723	(54%)
2002	229,051	133,592	(58%)
Avg.	240,023	128,969	

Close to 130,000 Ontarians per year, therefore, are subjected to the hazards of the 3-month wait period for OHIP. Based on average hospitalization rates for Ontarians, we can estimate one of the key costs to Ontario taxpayers each year for withholding OHIP from landed immigrants during their first three months.

Ontario Average Statistics

Age-standardized hospitalization rate for Ontario (2003/2004): 7.75%[1]
Average, in-patient hospital stay length in Ontario: 6.4 days[2]
Average cost, per inpatient hospital day in Ontario (2004/05): $1270[3]

It is safe to assume that due to a lack of routine and preventative care during the OHIP 3-month wait period, landed immigrants are hospitalized each year at least as frequently as the Ontario average rates. This number is likely higher, however, due to the acute nature of health problems that many face once they receive their OHIP access due to forgoing preventative care during the 3-month wait. We can estimate the following:

1. 128,969 immigrants per year hospitalized at avg. Ontario rate (7.75%) = 9995 admissions
2. 9995 hospital admissions at avg. in-patient stay (6.4 days) = 63,968 days
3. 63,968 inpatient days at average 2004/05 costs ($1270/day) = **$81,239,360**

Conclusion: Ontario spends on average over $81 million per year to provide hospital-based care to immigrants following their 3-month wait. Imagine how much of this could be saved through a less expensive investment in preventative, primary health care coverage for landed immigrants in Ontario immediately upon their arrival!

[1] Ontario Hospital Inpatient Database
[2] Canadian Institute for Health Information. Inpatient Hospitalizations and Average Length of Stay Trends in Canada, 2003–2004 and 2004–2005. November 30, 2005.
[3] Ontario Hospital Association, Policy and Research Bulletin, February 2005.

IN THE MEDIA

Still a long way from home

HAYLEY MICK - Globe and Mail, July 6, 2007

Alegria Ordinario grabbed the hand of her 10-year-old daughter, Alysson, who lay on a hospital bed gasping for breath.

"You come back to me," Ms. Ordinario said. She needed a promise - some sort of sign - before doctors at Toronto's Hospital for Sick Children sedated the little girl in an attempt to stop her from choking.

"I won't leave you," Alysson said.

Only six days earlier, on Jan. 26, Alysson had stepped off a plane from the Philippines with her eight-year-old sister, Alyanna. Their mother had worked for two years at a Toronto-based call centre to save enough money to sponsor their immigration.

On their first full day in Canada, the girls had doled out gifts to relatives, and later let loose at Chuck E. Cheese.

On the second day, Alysson came down with chicken pox. A doctor at a walk-in clinic recommended an oatmeal bath and Aveeno lotion, but soon Alysson was crying from the pain in her legs. Tylenol didn't help, nor did codeine that an emergency room doctor later prescribed before sending the family home to the single bedroom they shared in a Brampton, Ont., townhouse.

By day six, Alysson was admitted to hospital for observation. Less than 24 hours later, her lungs collapsed when the chicken pox virus attacked them. She remained sedated for eight days, to ease pressure on her lungs. During that period, Alysson suffered a stroke. Your daughter is critically ill, doctors told Ms. Ordinario.

"They said, 'We'll do our best,' " she recalled. "But they didn't tell me that she will be fine."
After 10 days in intensive care at SickKids, Alysson graduated to a constant care unit, then to rehab at Bloorview Kids Rehab hospital in March. Her entire right side was disabled, and she could not use her normally dominant right hand.

Every night for two months, Ms. Ordinario, a single mother who had polio and now walks with a cane, slept in a cramped pullout chair next to her daughter's bed. Every afternoon, she took a bus to Brampton - three hours each way - so that she could be home when her youngest daughter, Alyanna, returned from school.

In late May, Alysson left Bloorview. There was a graduation ceremony, and on her certicate, under what she was going to do first after going home, Alysson wrote: I'm going to ride my bike! Like many children with acquired brain injuries, Alysson still bears physical signs of her ordeal. Her right side is weak because of the stroke, but she has learned to write with both hands.

Now Ms. Ordinario's biggest concern is finding subsidized housing, so she can move her girls out of the townhouse, which they share with another family. **She must also come up with $90,500 in hospital bills, because Alysson was not in Canada the three months required to be covered by Ontario's health-care plan.** The largest bill is currently under appeal.

Mentally, Alysson is "almost back to normal," her mother says. She's signed up for summer swimming lessons, and in September she will begin Grade 4.

ABOUT THE RIGHT TO HEALTHCARE COALITION (RHC)

History

The Right to Healthcare Coalition (RHC) was originally formed on May 1, 2001 under the name "Every Child's Right to OHIP Coalition". Its specific mandate at that time was to obtain OHIP coverage for Canadian born children of non-status parents. When the Ontario Government finally agreed to provide coverage for these children, in October 2001, the focus of the Coalition shifted to a broader mandate, with an accompanying name change.

RHC's Mandate

To identify, and attempt to obtain resolution of barriers and injustices that restrict access to health care for people in Ontario. RHC pursues this objective by advocating to all levels of Government to ensure that Canadian values, as enshrined in the Canada Health Act and the Canadian Charter of Rights & Freedoms, are universally honoured and maintained.

RHC's Organizational Objectives

- To encourage wide participation of agencies involved in fair and equitable access to health care.
- To outreach to ethno-specific and other organizations and agencies to ensure inclusion and wide representation in our membership.
- To promote the equitable participation of diverse groups.

RHC's Current Policy Priorities

- To eliminate the 3-month wait for OHIP for new landed immigrants who settle in Ontario.
- To obtain clear procedures and policies from the Ontario Ministry of Health and Long-Term Care for OHIP registration of Canadian-born babies of non-status parents.

RHC's Advocacy Role

RHC defines Advocacy as:
Speaking out, either in private or in public, about the plight of people in Ontario who face barriers to obtaining health care and wellness support, contrary to shared Canadian values, fundamental rights and human dignity.

RHC's Supporting Principles

The Canada Health Act: "*It is hereby declared that the primary objective of Canadian health care policy is to protect, promote and restore the physical and mental well-being of residents of Canada and to facilitate reasonable access to health services without financial or other barriers." (Section 3).*

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The Ontario Human Rights Code: *"Every person has a right to equal treatment with respect to services, goods and facilities, without discrimination because of race, ancestry, place of origin, colour, ethnic origin, citizenship, creed, sex, sexual orientation, age, marital status, family status or disability."*

The Canadian Charter of Rights and Freedoms: "Every individual is equal before and under the law and has the right to the equal protection and equal benefit of the law without discrimination and, in particular, without discrimination based on race, national or ethnic origin, colour, religion, sex, age or mental or physical disability." (Section 15). "This Charter shall be interpreted in a manner consistent with the preservation and enhancement of the multicultural heritage of Canadians." (Section 27)

The United Nations International Covenant on Economic Social and Cultural Rights, to which Canada is a signatory**,** defines Social Rights as including "*an adequate standard of living, food, shelter, health and education."* (*ICESCR* Articles 11-14)